

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

01611731

FILING DATE

9/29/10

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10	1		1			
11		1		1		
12		2		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
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50						
TOTAL IND.	2		2			
TOTAL DEP.	17		15			
TOTAL CLAIMS	19		17			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS